

SCHEDULE B (FEC Form 3) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 191 / 218

☒ 17 ☐ 18 ☐ 19a ☐ 19b
☐ 20a ☐ 20b ☐ 20c ☐ 21

Any Information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee

NAME OF COMMITTEE (In Full)
Ike Skelton For Congress Committee

A. Full Name (Last, First, Middle Initial) Cato Travel Mailing Address B222 LHOB	Transaction ID: 00406.E6248 Date of Disbursement <div> <div>M M / D D / Y Y Y Y</div> <div>0 1 / 1 3 / 2 0 1 0</div> </div>
City Washington State DC Zip Code 20515- Purpose of Disbursement Travel Expense Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Amount of Each Disbursement this Period <div>30.00</div> [MEMO ITEM] MEMO: TRAVEL EXPENSE
B. Full Name (Last, First, Middle Initial) Chinese Buffet Mailing Address 823 S. Hwy 13 City Lexington State MO Zip Code 64067- Purpose of Disbursement Travel Expense Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: 00406.E6257 Date of Disbursement <div> <div>M M / D D / Y Y Y Y</div> <div>0 1 / 1 6 / 2 0 1 0</div> </div> Amount of Each Disbursement this Period <div>14.90</div> [MEMO ITEM] MEMO: TRAVEL EXPENSE
C. Full Name (Last, First, Middle Initial) Domenicos Restaurant Mailing Address 3702 W. Truman Blvd, Suite 225 City Jefferson City State MO Zip Code 65109- Purpose of Disbursement Constituent Meals Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: 00406.E6249 Date of Disbursement <div> <div>M M / D D / Y Y Y Y</div> <div>0 1 / 0 5 / 2 0 1 0</div> </div> Amount of Each Disbursement this Period <div>233.61</div> [MEMO ITEM] MEMO: CONSTITUENT MEALS

SUBTOTAL of Disbursements This Page (optional)

0.00

TOTAL This Period (last page this line number only)